HLEUNOV 5	10/20	STANDARD CERT	IEICATE OE DE	EATH		999
BIRTH NO.	1302	REG. DIST. NO. / 46	•	. m. 312	State File No Registrar's No	
I. PLACE OF DEA	TH			DENCE (Where	desented lived. If is	etitudos: verbiono
a. COUNTY	Jackson			issouri	b. county	
b. CITY (If outside cor OR TOWN	purate limite, write R Independent	township) STAX (in this pl	or CITY (If outside a OR TOWN Inc	corporat∧ Umita, witte dependence		0485
, 		militation, give street address or location	— II	(If rural, give to 1900 N .	_	0
3. NAME OF DECEASED	a. (First)	b. (Middle)	c. (Last)	4. D	ATE (Month)	(Day) (Ye
(Type or Print)	Adam	S.	Thompson	DE	OF Oct.]	16, 1952
5, SEX /) 6.	COLOR OR RACE	7. MARRIED, NEVER MARRIED	8, DATE OF BIRTH	9. A	GE (In years W CHOC t birthday) Months	Days Hours
male	white	widowed, Divorced (appear married /	" May 1. 191		10	
10a. USUAL OCCUPATIO dome during most of workin Truck Drive	ON (Clive kind of working life, even if retired)	10b. KIND OF BUSINESS OR I	11. BIRTHPLACE (City and State or Fo		12. CITIZEN OF COUNTRY? USA
3a. FATHER'S NAME		13b. MOTHER'S MAIL	EN NAME		HUSBAND OR WI	
Adam S. The	ompson .	Rosa Dea	i e	Ruby	C.Thompsor	1
IS. WAS DECEASED EVE	R IN U.S. ARMED I	FORCES? 16. SOCIAL SECURI	17. INFORMANT	T'S SIGNATUR	E OR NAME	ADDRE
(Yes. no. or unknown) (If NO	none	of service) \ 90-09-9 \	Mrs. Ruby	Thompson.	Independ	lence. Mo
18. CAUSE OF DEATH Enter only one cause per	*	MEDICAL ONDITION ING TO DEATH*(a) INFARCT	certification 10 <i>N of RIGHT</i>	CEREBRA	IL HEMISPHE	INTERVAL BET
18. CAUSE OF DEATH Enter only one onuse per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the dis-	I. DISEASE OR CO DIRECTLY LEAD ANTECEDENT C. Morbid conditions rise to the above on the underlying can II. OTHER SIGNII	ONDITION ING TO DEATH*(a) INFARCT AUSES A, if any, giving DUE TO (b) OL ouse (a) stating use last. DUE TO (c) DIFF FICANT CONDITIONS	CERTIFICATION ION OF RIGHT SIAAR ARTER D.SITES OF I	CEREBRA RY THROM'S MYOCARI Y ATHEROM MERAL AK	OL HEMISPHE BOSIS DIOL INFAM MATOUS SUE TERIES	INTERVAL BET ONSET AND D RE 2011)
18. CAUSE OF DEATH Enter only one outseper line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the dis- case, injury, or complica-	I. DISEASE OR CO DIRECTLY LEAD ANTECEDENT C. Morbid conditions rise to the above of the underlying can II. OTHER SIGNII Conditions contril related to the disease	ONDITION ING TO DEATH*(a) INFARCT AUSES A, if any, giving DUE TO (b) OL one (a) stating use last. DUE TO (c) DIF	CERTIFICATION ION OF RIGHT SIAAR ARTER D.SITES OF I	CEREBRA RY THROM'S MYOCARI Y ATHEROM MERAL AK	OL HEMISPHE BOSIS DIOL INFAM MATOUS SUE TERIES	INTERVAL BET ONSET AND DE 2 PM) ROSI.S 20. AUTOPSY
18. CAUSE OF DEATH Enter only one onuse per line for (a), (b), and (c) "This does not mean the mode of dying, such as heart failure, asthenia, ctc. It means the dis- case, injury, or complica- tion which caused death. 19a. DATE OF OPERA-	I. DISEASE OR CO DIRECTLY LEAD ANTECEDENT C. Morbid conditions rise to the above of the underlying can II. OTHER SIGNII Conditions contril related to the disease 19b. MAJOR FINI	MEDICAL ONDITION ING TO DEATH*(a) INFARCT AUSES I, if any, giving DUE TO (b) OL ouse (a) stating use last. DUE TO (c) DIFF FICANT CONDITIONS SYST Indiag to the death but not use or condition causing death. THE	CERTIFICATION TON OF RIGHT FIAAR ARTER D SITES OF A FISE CALCUFIC EMICY PERIPO DOMBUS RIGH SET 21c. (CITY, TOWN, O	CEREBRA RY THROM? MYOCAR! Y ATHEROM YERAL AK HT JUJAC	OL HEMISPHE BOSIS DIOL INFAM MATOUS SUE TERIES	INTERVAL BET ONSET AND DE ALTON CONSET AND DE
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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is r	ecorded on the reverse side of this	certificate was	embalmed by me, or	b y
		Student Emi	balmer No	
•	•			

working under my personal supervision.

Licensed Embalmer No.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fagure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.